

PACE Request for Professional Certificate
South Carolina Department of Education | Office of Educator Services

8301 Parklane Road
Columbia, South Carolina 29223

Certificate Number _____ School District _____

Name _____
Last First MI (Former Name, if any)

Address _____
Street, Apt # City, State Zip Code

Phone _____ E-mail address _____

The PACE participant must have completed all program requirements to advance to a professional certificate. Please provide the information in each area below.

1. PACE Training: All PACE training institutes and seminars have been completed successfully. ☐ Yes ☐ No
Cohort Number: _____

2. Graduate Course Work: Nine hours of college coursework completed with grades of B, or better, on official transcripts.
Please check your certification area below to indicate your required course categories.

☐ Library Media Specialist
☐ Special Education
☐ Other: _____

Course Title #1:

Semester/Year Completed: _____ Course Prefix/Number: _____

Name of Accredited College: _____

Official Transcript is on file with the Office of Educator Services ☐ Yes ☐ No The course was pre-approved in the PACE Course Book or was approved through the PACE Course Approval Request process ☐ Yes ☐ No

Course Title #2:

Semester/Year Completed: _____ Course Prefix/Number: _____

Name of Accredited College: _____

Official Transcript is on file with the Office of Educator Services ☐ Yes ☐ No The course was pre-approved in the PACE Course Book or was approved through the PACE Course Approval Request process ☐ Yes ☐ No

Course Title #3:

Semester/Year Completed: _____ Course Prefix/Number: _____

Name of Accredited College: _____

Official Transcript is on file with the Office of Educator Services ☐ Yes ☐ No The course was pre-approved in the PACE Course Book or was approved through the PACE Course Approval Request process ☐ Yes ☐ No

3. Principles of Learning and Teaching Exam ☐ PLT K-6 ☐ PLT 5-9 ☐ PLT 7-12 ☐ Exempt (*Media Specialist*)

Test Date: _____ Official passing score report is on file with SCDE ☐ Yes ☐ No

4. Teaching Effectiveness

An analyst in the Office of Educator Services will review your ADEPT history to verify that you have completed three years of successful teaching, including a successful summative evaluation.

Please note that school districts have until June 20 to submit ADEPT results for the current academic year.

Signature _____ Date _____

You may check the status of this request and your educator certificate at all times by accessing the View Licensure Status link at <http://ed.sc.gov>. You may also print an unofficial copy of your current certificate from this page. An official copy of the certificate may be requested for a \$10.00 fee, payable by check or money order payable to SCDE.